

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54952

FILED
Feb 14, 2005
Secretary of State

Entity Name: SNEH KAPILA, M.D., P.A.

Current Principal Place of Business:

COLUMBIA MEDICAL ARTS BUILDING
4631 N CONGRESS AVE STE#204
WEST PLAM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4631 N CONGRESS AVE
STE 204
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0180245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEH, KAPILA MD
4631 N CONGRESS AVENUE
STE # 204
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPILA, SNEH,
Address: 4631 N CONGRESS AVENUE STE# 204
City-St-Zip: WEST PALM BEACH, FL 33407 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SNEH KAPILA, MD

P

02/14/2005

Electronic Signature of Signing Officer or Director

_____ Date